## **CERTIFICATION APPLICATION**

pplying for (check only one):  Minority Business Enterprise (MBE) Certification    Women's Business Enterprise (WBE) Certification						
PART A: GENERAL INFORMATION						
(1) Legal Business Name	(2) Business or Trac	(2) Business or Trade Name				
(3) Federal Tax Identification Number (EIN or SSN)	(4) DUNS Number					
(3) Federal Tax Identification (valider (ETV of 351V)	(4) DONS Number					
	(c) pl : 1 4 11					
(5) Mailing Address	(6) Physical Addres	S				
(7) Contact Information						
Contact Person Name	Busine	ess Fax #				
Business Telephone #	Busine	ess e-mail Address:				
(8) Is the Firm Registered in eVA ☐ Yes ☐ No	(9) Year	(10) Date	(11) Number of Employees			
	Established	Incorporated	T I I			
PART B: BUSINESS OWNERSHIP INFORMATIO (12) Ownership	ON & CONTROL					
□ Sole Proprietorship □	Partnership					
☐ Limited Liability Company (LLC) ☐ Limited Liability Partnership (LLP)	Total Number of Partne	ers:				
	Number of Minority Pa Number of Non-minori	ity Women Partners:				
	Ownership%					
	whership / o	M F				
Name						
Name						
Name						
(14) If this is a Corporation: Name, Address and Phone Num	nber of Registered Ager	nt				
Name						
Address						
Telephone #						

Revision 8/2004 VDMBE-001

## **CERTIFICATION APPLICATION**

(15) Principal Owner's Minority	Type:		
☐ Asian American (A)	☐ African American (AA)	☐ Hispanic American (H	IA)
☐ Eskimo and/or Aleut (E)	☐ Member of other group (O)	□ Native American (NA	Λ)
1. Total number of com 2. Total number of com (As reflected in stock le 3. Total number of com 4. Total number of com 5. Has preferred or othe a. Does stock have b. Total number of c. Total number of d. Type of stock 6. Number of Directors 7. Number of Minority 8. Number of Non-mine 9. Please list the person(s  PART C: INFORMATION A (17) Please Check the Appropriate Broker  Research & Development  S	Directors: ority Women Directors: ) responsible for the daily operation  BOUT THE BUSINESS BOX: Construction   Manufact	women:  YesNoNo	
(18) Product Line Service  Primary Product Line/Service		NAICS	NIGP Commodity Code
Secondary Product Line/Service		NAICS	NIGP Commodity Code
Secondary Product Line/Service		NAICS	NIGP Commodity Code
(19) Geographic Marketing Area Please Indicate Your Market Area			
☐ Central Virginia ☐ Ea	stern Shore/Tidewater Virginia	Northern Virginia   South	west Virginia
□ Other Location			
(20) Gross Revenue for last 2 ye	ars: Year\$	Y	ear \$

Revision 8/2004 VDMBE-001

## **CERTIFICATION APPLICATION**

## PART D: EXEMPTION DISCLOSURE REQUEST

The Virginia Public Procurement Act (http://leg from public disclosure. Under the Freedom of In as confidential proprietary information or trade s	nformation Act, an	applicant mus	t request the exe	mption in w	riting so that certain	
<ul><li>□ No exemption is requested.</li><li>□ Exemption is requested.</li></ul>						
PART E: DEBARMENT & ACKNOWLED	GMENT AFFIDA	VIT				
Debarment Certification: The undersigned certi officer so far as known is now debarred or other furnishing materials, supplies, or services to the under the penalties of perjury that the contents of explain the operation of:	wise declared ineli Commonwealth of	gible by any a Virginia or a	gency of the Con ny agency thereo	mmonwealth of. The unde	of Virginia from r rsigned do solemn	naking offers for ly declare and affirn
Name of Firm:						
as well as the ownership thereof. The undersign enterprise that is owned and controlled by one of management.						
The undersigned agrees to notify the Virginia Demanagement, or status as an on-going minority/v			Enterprise within	a 30 days of	any change in the c	ownership, control,
By signing and submitting this certification appl returns [State and Federal], equipment lease agreerification of the above named firm.						
The undersigned understands that any material restipulated above will be grounds for denial or restatements.						
Any company seeking certification with the Conthis business is owned and controlled by a minor						
Signature of Authorized Official	Date					
Printed Name and Title						
NOTARY						
City/County of:		5	State:			$\neg$
Notary Public:			When does Com	mission Exp	ire?	
Subscribed and sworn before me this	day of	, year		(Please in	nclude notary seal)	_
					Notary seal	

Revision 8/2004 VDMBE-001